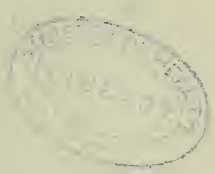
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THE HEALTH

of the

RURAL DISTRICT OF BLABY

Leicestershire



1953

The ANNUAL REPORT
of the Medical Officer of Health
and the Chief Sanitary Inspector

RURAL DISTRICT OF BLABY

ANNUAL REPORT

of the

MEDICAL OFFICER of HEALTH

D. H. McFarland, M.B., B.Ch., B.A.O., D.P.H.

together with the

ANNUAL REPORT

of the

CHIEF SANITARY INSPECTOR

J. J. Galsworthy, M.R.San.I., M.S.I.A.

for the

YEAR 1953

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BLABY RURAL DISTRICT COUNCIL

Public Health Committee
(Appointed May 1953)

Mr. T. H. H. Potter,
Chairman of the Committee,
Mr. G. W. Sharpe,
Vice-Chairman of the Committee,
Mr. J. H. Bent,
Mr. A. A. Bishop,
Mr. S. Callington,
Mr. W. Coley,
Mr. A. E. Dalby,
Mr. F. M. Griffin,
Mr. R. Harris,
Mr. V. C. James,
Mr. W. J. Leedham,
Mr. A. Pedley,
Mr. H. Yates, J.P.,
Chairman of the Council,
Mr. L. Wells,
Vice-Chairman of the Council,
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Mrs. E. C. Robinson,
Mr. T. H. Smith,
Mr. F. E. Swinfen,
Mr. G. A. Underwood, J.P.,
Mr. S. W. Vesty,
Mr. F. H. Webb, M.C.,
Mr. W. Wedge.

Public Health Department

Officers and Staff

Medical Officer of Health:

D. H. McFarland, M.B., B.Ch., B.A.O., D.P.H.,
(appointed 1st July, 1953)

H. Temple Phillips, M.D. (Lond.), M.R.C.S., L.R.C.P., D.P.H.,
D.I.H., D.C.H. (resigned 23rd March, 1953)

Chief Sanitary Inspector:

John J. Galsworthy, M.R.San.I., M.S.I.A.

Additional Sanitary Inspectors:

A. J. Slipp, M.S.I.A.,
R. R. Blaylock, M.S.I.A.

Clerical Staff:

Miss S. M. Carter,
Miss M. R. Needham.

General Assistant and Rodent Operative:

G. E. Hunt.

To the Chairman and Members of Blaby Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting the Annual Report on the Health of the District for the year 1953, having taken up my duties as your Medical Officer of Health on 1st July of that year.

In the report I have endeavoured to some degree to draw a comparison with the past, as it is only in this way that we can appreciate the work that has been done. Public Health is very much a silent service constantly in action in pursuit of improved health in all its aspects and coming into the limelight only when things go wrong. It works unobtrusively and smoothly, and its achievements are marked only by absence or fewness of cases and death from disease. But these victories have no news values or popular appeal. They have not the glamour of the curative medical services like a successful major operation. They cannot show, like some of our kindred services in local government, rows and rows of very essential and readily noticeable bricks and mortar, and miles of concrete boulevards, or a noble credit at the end of the financial year. No, the results are not dramatic and rather on the negative side only to be appreciated by delving into the past either statistically or, in the case of the older members, in thought.

There is no doubt, though, that practically all engaged in local government have played a part directly, or indirectly, in our present state of affairs. The health services have made a substantial contribution to the general improvement in health standards. It has, however, been authoritively stated that a time has been reached when the individual must play a greater part in the campaign for better health if the incidence of disease is to be still further diminished. It has been suggested that this would be achieved if more attention were paid to the simple rules of health relating to diet, exercise, relaxation and rest, food hygiene in the home, shop and canteen, dental care, and cleanliness generally.

In the early days of Public Health, the main efforts were directed against the more common infectious diseases and towards improvement in environment. Our newer concept of what constitutes "Health", which is not merely absence of disease, means that in the future public health practice can no longer be considered as limited to the prevention of communicable disease. Many diseases not communicable could be investigated, but lack of integration between the Health Services makes this difficult as statistics are not generally available.

In conclusion, I wish to express my deep appreciation of the help given me by the Chief Sanitary Inspector, Mr. J. J. Galsworthy, and, indeed, all other members of the Department, and to thank the Chairman and Members of the Public Health Committee for their kind consideration during these early months of my office.

I am, Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

D. H. MCFARLAND,

Medical Officer of Health.

SECTION A

VITAL STATISTICS

BIRTHS

Live Births	Males	Females	Total
Legitimate	273	244	517
Illegitimate	7	13	20
Totals	280	257	537

BIRTH RATE

13.5 per 1,000 estimated population

1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942
17.4	15.7	15.5	14.1	15.3	14.8	14.2	14.5	15.8	13.9	17.1

1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
20.2	20.6	16.4	19.3	19.4	17.2	16.7	14.9	14.8	14.3	13.5

The birth rate of 13.5 per 1,000 population shows a figure below that of last year and is the lowest recorded over the last twenty two years. Generally speaking there seems to be a slight decline in the Birth Rate and this is noticeable over the last twelve years.

This is not of local significance as this trend is obvious in the country as a whole. It is interesting to speculate on the factors which lead to this falling birth rate, and there must be many, but perhaps our present social system has not brought the security that was anticipated.

The Birth Rate for England and Wales was 15.5 per 1,000 population.

In the district 3.7% of live births were illegitimate.

DEATHS

	Males	Females	Total
Deaths from all causes	217	206	423

DEATH RATE

10.6 per 1,000 estimated population

1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942
9.3	8.6	7.8	10.0	8.6	9.6	8.1	9.0	10.2	9.2	8.9

1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
10.6	9.9	9.5	10.9	10.2	9.2	9.9	9.5	10.0	8.5	10.6

The Death Rate shows an increase on last year but over the last twenty years has varied little. This compares favourably with the rate of 11.4 per 1,000 population for England and Wales and is worthy of comment.

The commonest causes of death were (see page 27) (1) heart diseases and diseases of the circulatory system, (2) vascular lesions of the nervous system, and (3) cancer, in that order. Categories (1) and (2) undoubtedly comprise most of those in the elderly age group who were at any rate nearing the eve of their long, and it is hoped, full lives and who died of what might be more commonly termed "wear and tear", for which in the human body there is, as yet, no system of replacement.

Included in category (1) is a cause of death which is worthy of a few comments - namely "Coronary disease angina". It is this which is responsible for a good many deaths which occur during middle age. Physicians have always had the impression that this is associated with a particular mode of life. The work of Selye in the physiological field has shown that lesions similar to this and other conditions can be produced in animals subjected to various forms of stress. There is little doubt that in the human field stresses and strains do affect the cardio-vascular system when there is evidence of disease, but, in our present state of knowledge, it is unwise to assume that they will ultimately affect a normal system.

Since man began to roam the earth he has been subjected to stresses and strains, but, today, it is considered that we are subjected to mental and physical stress to a greater degree than ever before. Locke has been quoted as saying that "though the faculties of the mind are improved by exercise, yet they must not be put to a stress beyond their strength." This probably sums up the position and points out to us that all living organisms, young and old, have a threshold beyond which they can break down in response to stress. This applies more particularly to those whose existence depends on mental work as the manual worker can easily turn from toil to rest. What then is the best way to prevent stress?

Sir Heneage Ogilvie says "The best way to prevent stress is not to suffer it. The surest preventative to stress is leisure. Leisure is holiday time, a time that we can spend in any way we like, even in idleness, but the term usually implies a change to a more pleasing occupation, rather than absence of occupation." He likens the body and the brain to a motor car and states that if they are used within the limits of toleration, and then allowed to rest and repair themselves, they will last longer, work more economically, and do an infinitely more complex series of tasks than the most wonderful machine.

The attainment of a long life seems to depend on a proper balance between work and leisure - leisure not being merely important, but essential, as it helps the overstressed mechanism of the mind to rehabilitate. And, of course, we are promised that in the hereafter, if we attain the ethereal heights, the common causes of stress are removed. Some of us may have to wait some considerable time!

"A poor life this if full of care,
We have no time to stand and stare."

Cancer as a cause of death is receiving a great deal of attention. It accounted for 15% of all deaths in the district and tends to be on the increase.

Cancer Mortality Rate (all forms) taken in triennial periods

1925 - 27	1.1	1940 - 42	1.4
1928 - 30	1.1	1943 - 45	1.6
1931 - 33	1.3	1946 - 48	1.6
1934 - 36	1.0	1949 - 51	1.8
1937 - 39	1.4	1952 - 53	1.4

This increase has been attributed to many factors including improved methods of diagnosis and increasing proportion of the population who survive to ages when cancer is more prevalent. The average age of males who died of cancer was 62 years and of females 64 years, so it might hardly be termed a condition of middle age.

The one and only satisfactory thing about cancer is that there is no scientific evidence that it is infectious. Those who have to live in the closest contact with the unfortunate victims of the disease need have no fear that they run any risk thereby.

There were no deaths attributable to pregnancy, childbirth, or abortion. This is the highest tribute that could be paid to our maternity services, the efficiency of which can only be appreciated when compared with maternal deaths over previous years. Between the years 1925 to 1930, there was an average of two mothers whose deaths were associated with pregnancy.

Infant Deaths (under 1 year of age)

	Males	Females	Total
Legitimate	8	5	13
Illegitimate	-	1	1
Totals	8	6	14

Infant Mortality Rate

26.1 per 1,000 live births

1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942
43	32	44	40	27	46	25	30	40	43	50

1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
28	34	36	34	43	27	29	29	27	25	26

Infant Deaths (under 4 weeks of age)

	Males	Females	Total
Legitimate	6	2	8
Illegitimate	-	1	1
Totals	6	3	9

Neonatal Death Rate

16.8 per 1,000 live births

Still Births

	Males	Females	Total
Legitimate	3	3	6
Illegitimate	-	-	-
Totals	3	3	6

Still Birth Rate

0.15 per 1,000 estimated population
11.1 per 1,000 (live & still) births

1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
23	25	33	26	35	33	15	22	30	27	11.1

These three rates have been taken together as there is some connection between them.

Deaths under four weeks are usually associated with conditions which have their origin either before or during birth, whereas the older infant most commonly dies of conditions which relate to the environment, eg. nutrition, type of house they live in, hygienic feeding of the child, etc.

Still births and neonatal deaths are intimately connected, since it is often a matter of chance whether a child is stillborn or born alive only to succumb soon after birth.

Fourteen infants died before reaching one year, and of these nine died before four weeks. Of these nine deaths, seven did not live twenty four hours, one lived five days, and one seven days. In other words, nine infants (64% of the total infant deaths) failed to survive longer than one week and prematurity was the commonest cause of death. One might also assume that these same factors which cause prematurity are operative in the still births.

Causes of Infant Mortality

Under Four Weeks

Prematurity	5
Cerebral Haemorrhage	3
Atelectasis	1

Four Weeks to Twelve Months

Broncho-Pneumonia	2
Meningitis	1
Pyaemia	1
Lymphatic Leukaemia	1

It is not possible to cite a specific cause of prematurity, but it is known that an adequate diet and careful and regular ante-natal supervision is of benefit so far as the incidence of prematurity is concerned. It is not inappropriate to mention at this stage that with our frequent grey skies and lack of sunshine expectant mothers and young children are apt to lack sufficient quantities of certain nutriments in their diet. To make up for this, it has been governmental policy to make available, practically for the asking, orange juice, cod liver oil, and a vitamin preparation. Yet how many mothers avail themselves of these very essential requirements? It is not that they do not know of their importance, it is that they just cannot be bothered, yet we hear so much these days about the importance of educating the public in the rudiments of good health!

The Infant Mortality Rate for the district was 26.1 per 1,000 live births which closely approximates to 26.8 per 1,000 live births for England and Wales.

GENERAL STATISTICS - 1953

Area of District	32,583 acres
Population (Estimated Mid-Year)	39,810
Number of Occupied Houses	12,322
Rateable Value (31st December, 1953)	£185,589
Product of a Penny Rate	£740

Population

It has been shown that the number of births for the district during 1953 was 537 whilst the number of deaths was 423. Consequently, the births exceeded the deaths by 114. This has been the general trend over a number of years as can be seen from the following table.

Increase of Births over Deaths

1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942
276	247	279	122	206	166	203	188	198	170	294

1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
340	381	243	360	342	306	265	227	187	228	114

This shows that in the district there has been a steady natural increase of population every year and this does not take into consideration the inward migration from the neighbouring urban district.

The expectation of life has increased during the last half century due, amongst other factors, to the growth of scientific medical knowledge and also to improvements in the social conditions under which the majority of people live. The public health authorities have without doubt played a noteworthy part in bringing this about. The expectation of life in Blaby Rural District (see table below) can be viewed with some little complacency and it is a contenting thought that life should still offer a few more years to most of us, although when one looks around, the period is obviously variable.

Age Incidence of Death

	Under 4 weeks	4 weeks to 1 year	1-4 yrs.	5-14 yrs.	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85-94	95-100	100 +	Totals
Males	6	2	1	-	-	3	12	26	25	57	66	19	-	-	217
Females	3	3	-	1	2	-	6	18	26	44	78	23	2	-	206
Totals	9	5	1	1	2	3	18	44	51	101	144	42	2	-	423
Percentage	2.1	1.2	0.2	0.2	0.5	0.7	4.3	10.4	12.1	24.0	34.0	10.0	0.5		

From this it will be seen that 34% of people in the district died between the ages of 75 to 84. In other words, approximately one in every three of us should live till that ripe old age. This is a little more than the allotted span of three score years and ten - I wonder why we are given such grace!

The average age at which the males died in Blaby Rural District was 68 years and females 71 years. In England and Wales it is reckoned that by 1980 the proportion of the population of pensionable age will have increased to over 20 per cent; in other words, one person in every five of the population will be eligible for a pension.

This ever increasing proportion of old people brings many problems in its train, and a most important one is the provision of suitable homes. This is, however, linked up with the need for hospital beds for people who by reason of infirmity or chronic ill-health cannot be suitably accommodated under existing conditions. It is felt though that the more these old people are suitably accommodated, the less will be the demand on such hospital or institutional beds. Any scheme that enables them to maintain contact with normal life, and particularly family life, deserves support and encouragement, and is certainly kinder and probably more economical than admission to a hospital or home.

Their housing requirements vary from that necessary for the "younger generation", as the most striking of all the changes which accompany old age is the readiness with which fatigue occurs. Elderly people are more susceptible to cold, they are liable to suffer more severely from accidents, and they are less able to negotiate the hazards of ill-designed houses, steep stairways, and streets. It often happens that a house which was ideally suited for the rearing of a large family, and has satisfied very well the needs of that family, is quite unsuited to the simpler requirements of the married couple during their declining years. It is felt that many old people occupy such houses when they would be much happier with their tasks lighter and more pleasant in smaller, better designed units. Also, when the younger folk get married, and, through circumstances have to share the house with their parents, the married daughter is still looked upon as a "young thing" not possessing a great deal of sense or responsibility. This leads to a strained relationship which is often carried on for many years. Each individual family unit requires its own home, and it seems to be the exception, rather than the rule, if two families can share the same house amenities in a pleasant and amicable manner to their mutual benefit.

There are many spaces in our villages which would be ideal for old persons' bungalows, which require to be central, accessible to shops, and not far removed from where they previously resided, for old people do not take too readily to new surroundings or a new society. Their interests in life have narrowed down considerably and most of them pursue the harmless pastime of following the affairs of the younger generation, and particularly watching children at play. It has been suggested that there is very much in common between old and young, except that so much is done to try and understand the young, while the old ought to have more sense.

"Oh, to have a little house:
To own the hearth and stool and all."

Loneliness presents a very real problem to the aged but much is being done through the various clubs and the kind heartedness of individuals to alleviate this. There are a few though, through their independence of mind and awkwardness of nature, who are left to live a secluded life and pine away their existence in a solitary confinement which certainly does not improve their outlook or temperament. They have always been of this disposition but there comes a time when friends are an invaluable asset, if not an essential requirement, and then they are not readily available and their help, when most needed, is not forthcoming.

Let us endeavour to pay more attention to the needs of the elderly, helping them to grow old gracefully by putting them into an environment where they may be thankful for the degree of activity of mind and body which remains, rather than have them complain of their numerous and increasing limitations. May the evening of their lives be as charming as an Indian summer. Browning's words of Rabbi Ben Eyra may be remembered:-

'Grow old along with me!
'The best is yet to be,
'The last of life, for which the first was made!

Housing

"When we were little childer we had a quare wee house,
Away up on the heather by the head o' Brabla' burn;
The hares we'd see them scootin', an' we'd hear the crowin' grouse,
An' when we'd all be in at night ye'd not get room to turn."

This, of course, is a poetic description of overcrowding in a funny little Irish house in a wild part of the country.

In most of our villages there is property which it is hoped will, in the near future, come up for consideration with regard to demolition. In this, let not our sentiment in any way affect our judgement. For example, the country cottage with its cascade of roses may be very attractive to look at from the outside, but a house is something to live in! Inside, we are confronted with dark ill-ventilated bedrooms among the rafters, insecure dark creaky stairs, dismal living rooms with rough brick floors, which if washed will leave pools of water, small pokey kitchen with inadequate cupboard space, and a make-shift pantry under the stairs where in the warm weather the food goes mouldy and the milk sour.

A home should be considered in the light of the requirements of the family unit. As the housewife is the central figure in the house, and its most constant occupant, her needs obviously must come first. It is always a good principle of life to put oneself in the position of another before passing judgement, and then analyse our feelings. Our standard then should be, within reasonable limits, what we, ourselves, would like. Some of the property in the district presents nothing more than a dismal sordid spectacle to the housewife who wages a constant battle in an unfit house against wind, weather, and decaying structure which defies repair.

The average housewife has little enough leisure and every endeavour should be made to eliminate as far as possible tasks that involve unnecessary labour. With experience of school medical examinations, the great majority of mothers look after their children reasonably well and

seem to do their best, but some of them are offered little incentive by living in dilapidated homes which offer dreary ill-designed work-shops for the mother, little privacy for any of the family, and no outlet for the children except the street and irregular stoney yards. This is the standard that is set for them as children and which is likely to be retained. The parents are not able to economize by growing their own vegetables because a garden is not available, although not all of them might appreciate one. It may be that some do not make the best of the existing circumstances, but it is possible that it is the existing circumstances themselves that dishearten the housewife who eventually gives up the unequal struggle. Let the demolition programme be tackled with vigour and determination, eventually providing for each family unit a house which will provide the necessities for each member of the household and which they will feel proud to possess.

Litter

This is a subject which is not given enough thought by a section of the general public. As well as being an unsightly, unnecessary blotch on our landscape, left there usually by weekend travellers, it is often a cause of annoyance to those unfortunate enough to live within a short distance of a bus stop. Thoughtless inconsiderate bus-travellers seem to casually flick away their tickets which float unsuspectedly into nearby front gardens or drives, or lie as an untidy mess beside the footpath. Cigarette packets, match boxes, pamphlets, or any unwanted paper found in the pocket or purse are discarded without any thought as to where they land and who has to pick them up. Besides being a thoughtless act on the part of certain individuals causing a great deal of annoyance and work to others, it is not generally realised that it is an act punishable by law under the County Council Byelaws.

It should not be necessary to have to apply the forces of law, but it is felt that the public should be reminded that it is a punishable offence. It would be so easy for people to retain their bits of paper - they have probably carried them some considerable distance already - and deposit them safely, either in their own fires, or in their own dustbins, or somewhere within their own curtilage.

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

Domiciliary Nursing, Maternity and Child Welfare Services, Home Help, and Ambulance Service

These services are controlled by the Leicestershire County Council and were referred to in the Annual Report of 1952. There has been no change in the system since then.

Laboratory Services

These are provided for this Council by the Public Health Laboratory, Groby Road, Leicester. A large number of investigations were carried out during the year and the fullest co-operation was received from Doctor Mair and his staff.

Chemical examination of water samples is undertaken by Mr. S. B. Bratley, F.C.S. of Oadby, and sometimes sent to Sheffield.

Health Education

We hear a great deal these days about the importance of teaching the simple principles of hygiene and preventive medicine and the symptoms pointing to the early recognition of disease. Health education has done much in the infant sphere, but in the school-child sphere there is much to be desired. This is that impressionable age where learning is the rule of the day and, consequently, health education would be best received with a possibility of it being put into practice then and in after life. But how could the simple, very necessary procedure of washing the hands before meals and after being to the toilet be put into practice when the majority of schools in this area lack hot water, and a number have insufficient hand basins. Hot water is just as essential for the washing of hands as for the washing of the face, and how often would a child voluntarily wash its hands in cold water during our variable seasons? The importance of hand washing is seen when it is considered that the following diseases can be spread through neglect of it :- dysentery, food poisoning, typhoid and paratyphoid fever, summer diarrhoea of infants, poliomyelitis, infective hepatitis, thread worms, and infection due to a newly recognised group of viruses, the Coxsackie viruses.

There seems little point in preaching health if there is no opportunity for those principles to be practised and insisted upon. If health talks were given, it would seem to the average child to be a most ludicrous position and not really meant to be taken seriously by the education authorities, when the means of putting them into force are not supplied. Individual Council houses are supplied with hot water facilities and there is reason to believe that the majority of mothers insist on hand washing before meals and after the toilet, but their teaching is not supported, or encouraged, at school. It would seem that the very essential requirement of providing sufficient hand basins with attached hot and cold water is of little importance in school planning and will only come when times are more lucrative. In actual fact, it should be considered on a par with the provision of extra classrooms, and certainly more important than the provision of expensive equipment for physical training. The local authority insist on the provision of proper washing facilities in food shops, and there is just as great a danger of school children infecting others through lack of proper hand washing facilities in the schools.

In the adult sphere the value of health education is open to discussion. The pessimists might argue that barring accidents the whole life story of an average man is written at his thirtieth birthday. Heredity has been determined and mental attitudes formed, thus health education measures will be unproductive. The person has had most of the infections he will have, and the period of recklessness and liability to accidents has passed. Then the general attitude would be to let the middle aged person alone for nothing can now "stay the hand of fate".

Certainly the same immediate response cannot be expected in the adult sphere as in the child sphere. For example, there is not the same personal anxiety in an adult for his own health as a parent shows for the child. If lectures are held a large segment of the population is never reached, and the speaker is mostly talking, 'like at Church', to the converted or quasi-converted. The visual medium is more likely to succeed than the medium of sound or print.

The person who is accustomed to facing realities and who fears physical pain or disability will seek medical advice promptly. This has been shown to some extent in America, where it has been quoted, even after an extensive and widespread educational programme on cancer, the interval between the first recognition of the onset of symptoms and the first visit to the physician, had not shortened at all.

What form should health education take in the adult sphere? Here the diseases are largely degenerative ones affected by mode of life or personality of the individual and mass methods would seem to be of little avail. If the general public are told the symptoms and signs of the diseases common at this age, what a great deal of unnecessary anxiety would be caused, and what an extra burden would be thrown on the medical profession endeavouring to placate the anxious ones! Again, a complete medical examination of each individual would be a costly business, and, even then, a very difficult one to give the patient the assurance that he is in excellent physical condition and that he can go away content, for who knows what tomorrow will bring forth!

If mass propaganda is considered necessary, then it is suggested that it should be confined to the simple statement that if any undue or unusual symptoms arise, or if any of the ordinary symptoms (eg. cough) persist for a little longer than usual, then medical advice should be sought. This applies particularly at that period called "middle age". This seems to lengthen year by year and vary according to the age of the person deciding it, but it is reasonable to reckon it on the allotted three score years and ten.

There is, of course, a great deal of health education going on at the moment as the medical officers of health, school medical officers, health visitors, and sanitary inspectors go around doing their everyday jobs. This does not take into account the advice given by the local practitioners, and, when one considers the overall picture (rates and personal contact with people), the job is not too badly done at all.

SECTION C

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Total number of cases of Infectious Diseases notified during the year 1953.

NOTIFIABLE DISEASE	Number of Cases Notified at Ages - Years								TOTAL DEATHS
	At all ages	Under 1	1-5	5-15	15-25	25-45	45-65	65 & upwards	
Scarlet Fever	45	-	11	29	5	-	-	-	-
Whooping Cough	148	7	62	74	-	5	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-
Measles	409	8	206	191	1	3	-	-	-
Pneumonia	55	-	2	2	2	14	23	12	11
Meningococcal Infection	-	-	-	-	-	-	-	-	-
Poliomyelitis	2	-	-	1	-	1	-	-	-
Dysentery	12	-	2	8	-	2	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	1	-	-	-	-	1	-	-	-
Enteric Fever	-	-	-	-	-	-	-	-	-
Food Poisoning	8	-	4	1	-	3	-	-	-
Erysipelas	6	-	-	-	-	1	5	-	-
Pulmonary Tuberculosis	32	-	1	4	7	10	9	1	6
Other forms of Tuberculosis	1	-	-	-	-	1	-	-	2

Infectious Diseases (other than Tuberculosis)
Average per Year in Triennial Periods

	1925 - 27	'28 -30	'31 -33	'34 -36	'37 -39	'40 -42	'43 -45	'46 -48	'49 -51	1952	1953
Smallpox	2	27	24	-	-	-	-	-	-	-	-
Scarlet Fever	27	94	88	142	44	90	97	70	44	34	45
Whooping Cough	-	-	-	-	-	101	74	131	164	104	148
Diphtheria	39	43	12	36	27	42	13	5	-	-	-
Measles	-	-	-	-	-	485	393	216	525	276	409
Pneumonia	7	11	10	10	12	24	20	27	30	40	55
Meningococcal Infection						5	5	3	0.7	1	-
Poliomyelitis	-	-	0.7	0.7	1	0.7	0.3	2	9	1	2
Dysentery						8	4	3	36	30	12
Ophthalmia Neonatorum	1	2	2	1	0.7	1	0.7	-	0.3	1	0
Puerperal Pyrexia	0.7	1	4	3	3	5	3	2	0.7	-	1
Enteric Fever	1	2	1	1	0.3	2	1	0.7	0.3	-	-
Food Poisoning									5	13	8
Erysipelas	12	11	8	12	11	12	13	7	6	7	6

Comparative Infectious Diseases Rates
Rates per 1,000 population

	Blaby Rural District	England and Wales	160 County Boroughs and Great Towns (including London)	160 Smaller Towns (Resident population 25,000-50,000 at 1951 Census)	London Administrative County
Typhoid Fever	0.00	0.00	0.00	0.00	0.01
Paratyphoid Fever	0.00	0.01	0.01	0.01	0.01
Meningococcal Infection	0.00	0.03	0.04	0.03	0.03
Scarlet Fever	1.14	1.39	1.50	1.44	1.02
Whooping Cough	3.72	3.58	3.72	3.38	3.30
Diphtheria	0.00	0.01	0.01	0.01	0.00
Erysipelas	0.15	0.14	0.14	0.13	0.12
Smallpox	0.00	0.00	0.00	0.00	-
Measles	10.52	12.36	11.27	12.32	8.09
Pneumonia	1.38	0.84	0.92	0.76	0.73
Acute Poliomyelitis (including Polioencephalitis)					
Paralytic	0.03	0.07	0.06	0.06	0.07
Non-Paralytic	0.00	0.04	0.03	0.04	0.03
Food Poisoning	0.20	0.24	0.25	0.24	0.38
Puerperal Pyrexia *	01.84	18.23	24.33	12.46	28.61

* Rate per 1,000 total live and still births

General Comment

"The control of infectious disease marks the greatest human success yet achieved in the control of our environment to our own benefit."

Sir Macfarlane Burnet.

The total incidence of notifiable infectious diseases in 1953 is higher than recorded in the previous year, but lower than in 1951. Measle was responsible for the bulk of the cases. The typical regular appearance of measles every second year again made itself manifest. Roughly five out of every six cases of notifiable infectious disease during the year occurred in children under the age of fifteen years. The commonest notifiable diseases in adults were pneumonia and tuberculosis. The parishes showing the highest incidence were Braunstone, Countesthorpe, Glen Parva, Glenfield, Stoney Stanton, Narborough, and Kirby Muxloe in that order.

It is interesting to record that in 1928 the Medical Officer of Health wrote :- "Kirby Muxloe was the only large parish in the District without a notified case. The infectious disease record for this parish has for many years been by far the best of any in this District, or indeed, of any District adjoining Leicester. This applies to the village as well as to the parish as a whole." The then Medical Officer of Health chose this parish as his place of residence, but, since then, it has fallen from grace. It is wondered what Glen Parva may have in store for us as your Medical Officer of Health, Chief Sanitary Inspector, and other personages of note reside there! Owing to the rapid advances in modern therapy, coupled with the fact that in the cases of some infectious diseases, eg. Scarlet Fever, there has been a gradual decrease in the virulence of the infecting organism, deaths from infectious disease are fortunately less common. The highest total of deaths was due to pneumonia and, in the majority of cases, this was a terminal infection in an aged person. The rates of notification of Scarlet Fever, Measles, Food Poisoning, Puerperal Pyrexia, and Meningococcal Infection were lower in the district than the rates recorded in England and Wales during the year - Whooping Cough, Erysipelas, and Pneumonia were higher.

Looking at childhood infections as a whole, measles, mumps, chicken pox, and german measles seem to be very old established and stable diseases which are not likely to change much in character either for better or worse. There is little to suggest either that much would be gained by trying to prevent them, or that any effective and practicable method of preventing them is likely to be developed.

As it is only by comparison with the past that we appreciate our good fortune or the benefits of living in the present, a table showing the incidence of certain infectious diseases since 1925 has been included. From this the complete absence of smallpox and diphtheria will be appreciated, with a lowering in the incidence of meningitis, ophthalmia neonatorum, enteric fever, and erysipelas, and an increase in pneumonia and dysentery.

Measles

This disease, probably due to infection by an ultra microscopic virus, tends to occur in epidemic form in a rhythmic biennial cycle. The bulk of cases occur in the under ten years age group and the mortality rate is highest in the under one year age group, although there were no deaths directly attributable to measles during the year. It spreads with great rapidity through a susceptible community and may be very severe in adults. It is readily communicated by direct contact with a case and can also be transmitted through the air for a considerable distance. The individual is infectious before symptoms become apparent so when isolation is instituted, it is usually too late. Consequently, a case will have exposed most of his contacts to infection before the diagnosis has been made. Every person is susceptible and sooner or later the majority will have the disease. Quarantine of susceptible contacts is of some value, and it remains customary to exclude a school child suffering from the disease for two weeks and child contacts in the family who have not previously had the disease for a similar period. There is no reason why the susceptible contacts should not be allowed to continue at school for the first week and excluded during the second week, but this does not seem to be practised.

The great danger of this infection is the tendency to develop complications, eg. pneumonia, otitis media (chronic ear infections) and chronic eye infections, but the advent of modern drugs has reduced their incidence and severity. The development of gamma globulin has provided a prophylactic capable of preventing the disease, or of limiting its severity, but its use in this country is limited to specific cases, eg. debilitated child or young infant where infection may jeopardize its life.

Whooping Cough

Whooping cough is an acute infection of the respiratory tract. It begins as an ordinary cough, which in a typical case, becomes increasingly severe and after the second week is attended by paroxysms, or bouts, of coughing which end in a characteristic whoop as the breath is drawn in. Vomiting may follow a spasm. Many cases fail to whoop and others show only a very mild cough. Consequently any child who shows an increasingly severe cough, and in whom the cough is worse at night, or a child who shows coughing spells followed by vomiting, merits isolation precautions even though the characteristic "whoop" has not yet developed. The patient is most infectious during the period before the paroxysms of coughing commence and the infection is serious in infants and small children. There is no evidence of a baby having any resistance at birth as in certain other diseases. Like measles the disease encourages secondary infections, eg. broncho-pneumonia, and its disabling complications constitute the main danger. The recent large scale experiments to determine a vaccine of adequate potency have resulted in a much more reliable vaccine being available. Immunisation, however, if it is to play any part in the reduction of mortality, must be given in the first few months of infant life. It is customary to exclude the patient from school for one month following the onset of the whoop or cough and susceptible family contacts from school for twenty one days following the onset of the disease in the last case in the home. In view of the difficulty in diagnosis in the milder forms of the disease, the control of the disease in an open community by quarantine methods is, however, open to doubt, and universal prophylactin immunisation offers the only reasonable method of limiting the spread. The total number of cases recorded during the year was 148 and there were no deaths.

Scarlet Fever

Scarlet fever, or scarlatina, is closely related to the group of diseases including septic sore throat, erysipelas, and puerperal sepsis. All are caused by the same group or family of organisms but different strains or members. One American classification for this group of diseases is called "Streptococcocicosis". Some strains produce what is called a toxin and this produces the characteristic rash of scarlet fever, while others produce a tonsillitis. One is notifiable and the other not, although tonsillitis may be a common chain in the spread of infection. Scarlet fever today is relatively mild due to a decline in the virulence of the organism and it is hoped it will remain like this. Consequently, complications constitute less danger than previously and treatment in the home is advisable in practically all instances. Also, if the patient is nursed at home, there is less likelihood of cross infection by another strain, which it is now known can lead to complications. The mode of transmission is usually by direct association with a case, although milk serves at times as an important vehicle. In such instances the udder of the cow is usually infected, but milk, and other foods, can be contaminated directly by an infected handler. As the organisms can multiply in both milk and food, the doses so transmitted may be quite large. Contacts are excluded from school for seven days following isolation of the case and action is taken with regard to special cases, eg. food handlers. During the year there were 45 cases with no deaths, and it will be seen that the incidence of the disease has not altered appreciably since 1925.

Diphtheria

The remarkable reduction in the total number of notified cases of diphtheria in the country during recent years is positive proof of the value of immunisation. For the past five years no case of diphtheria has been reported in the district, but this should not, under any circumstances, be regarded as a complete defeat of this disease in the community. Its prevalence is dependent solely on the susceptibility of the community and a decline in the proportion of immune persons might well result in its return in epidemic form. Immunity to this disease may be acquired artificially following immunisation which, after years of practice, has proved itself a safe and satisfactory procedure. It should be emphasized that a high rate of immunisation must be maintained if this satisfactory state of affairs is to continue. The value of immunisation and the importance of maintaining an adequate level of immunisation can be seen from the table giving the number of cases per year since 1925. This is further stressed when it is realised that for the years 1937-39 there was a total of 81 cases with four deaths, and years 1940-42 there were 127 cases with nine deaths.

Arrangements for immunisation are in the hands of the Leicestershire County Council. The following table shows the number of children immunised in this district during the past seven years.

Year	Numbers of Children Immunised				Number of babies born during preceding year minus deaths under 1 year
	Under 5	5 - 14	Total	Re-immunised	
1947	568	70	638	170	680
1948	610	43	653	410	689
1949	510	28	538	373	639
1950	423	37	460	263	623
1951	461	11	472	403	573
1952	462	35	497	343	567
1953	364	21	385	370	553

To obtain some idea of the proportion of children immunised, a rough and ready way is to compare the number of primary immunisations under 5 years of age, as the majority are done around 1 year old, with the number of births during the preceding year who survived that year. This has been done in the table above and gives a proportion of 2/3rds immunised.

The immunisation procedure adopted by the County Council is that when a child attains the age of eight months, a letter is sent to the parents regarding immunisation against diphtheria. The parents are asked to make the necessary arrangements with their own family doctor for the treatment - a combined "request and consent" card being supplied for this purpose. Attached also is a pre-paid card notifying the intentions of the parents to the County Health Department.

If no consent is received from the parents or no completed certificate is received from a general practitioner, a health visitor investigates the case and endeavours to persuade the parents to allow the child to receive the appropriate treatment. The general practitioners who receive supplies of material free of charge, have co-operated well, some of them holding special sessions at their surgeries, particulars of which are known to the health visitors, so that children can be dealt with without delay. No immunisation is undertaken by the Council's medical staff, except for a few cases where for some reason or other the services of a general practitioner are not readily available.

A further letter urging a booster dose of diphtheria prophylactic is sent to the parents some little time before the child is due to enter school.

Acute Anterior Poliomyelitis

Two cases of poliomyelitis were recorded during the year and there were no deaths. The first was very mild, paralytic in type and in a boy of three. The other showed a more serious type of paralysis in a young woman involving the right arm and left leg. No connection could be shown between the cases, movements had been entirely local and they had not, as far as could be ascertained, been in contact with a known case. No further spread was seen.

Sporadic and isolated cases are not uncommon in the winter period and the period of peak incidence is usually in the late summer and autumn. When such an outbreak does occur, it is often accommpanied by general panic quite out of proportion to the degree of risk involved, eg. it has been estimated that two out of every three cases notified recover without any permanent disability. Again it has been suggested that it is not as dangerous as other risks we run every day. For instance, road accidents killed six times as many people as poliomyelitis did in the big epidemic in 1947, and maimed thirty five times as many. Also, it is quoted that in America no outbreak affected more than a very small percentage (1 to 2 per cent) of the total population in any area.

Transmission of the disease seems to occur through close association with an affected person spread by the pharyngeal and intestinal excretions. The relative importance of these two modes of spread has not, as yet, been decided. The virus is most readily found in the pharynx for three to five days before and three to seven after the onset of illness, while in the majority of cases, the motions are free by the fifth to sixth week. Laboratory studies also indicate that for every person with symptoms, there may be ten to one hundred infected individuals with no obvious illness. Investigations indicate that the infection does tend to run in well-defined streams of intimate contact either in the family or at school, and not distributed indiscriminately through the population.

These facts make control difficult, but there are certain definite measures which can be applied which may be of value. The first is the immediate putting to bed of any child suffering from any pyrexial illness when poliomyelitis is prevalent. Research has shown that undue fatigue, or excessive physical exercise during the early pyrexial phase of the infection may accentuate the degree of paralysis, so that by placing a child at rest during this phase, the severity and extent of the paralysis may be reduced. Similarly, all operations of the nose and throat should be postponed until the outbreak has subsided, as it has been shown that a case incubating the disease and submitting to such operations more readily develops the more severe form of the disease. In the same way, it is suggested that inoculations should be postponed during any epidemic period, but it is imperative that common sense should prevail so far as this measure is concerned. Finally, as the virus can be shown to be present in the nose, throat, and excretion of both contacts and cases, it is advisable to exclude all food handlers from their occupation for twenty one days, the same procedure being operative as far as school children are concerned and those whose occupation brings them into contact with children. Vaccination procedures against poliomyelitis are still in the experimental stage and are not yet available for general use.

Dysentery - Sonne

Eight cases of Sonne Dysentery occurred in the Cottage Homes, administered by Leicester City and situated at Countesthorpe. The other four cases were single isolated ones. Two were in adults and two in school children. One of the adults worked for an ice cream establishment in Leicester and he did not return until three negative faecal samples were obtained. The firm were contacted and informed of the position. The other adult was a school teacher who taught in a school in Leicester where there had been several cases of dysentery. A contact, a sister of the case, was also a teacher in Northampton and the authorities there were informed. The two children were excluded from school until faecal samples proved negative.

Dysentery is an acute infection of the large intestine resulting in diarrhoea, which if sufficiently severe, may be accommpanied by bleeding. The vast majority of cases today are very mild, presenting little more than a transient diarrhoea without any blood, especially if the victim is a previously healthy adult or adolescent. Yet the same infection of a small child or debilitated adult can be serious, if not fatal. The infection is probably far more widespread than is commonly recognised, and most infections are caused by the mild unrecognised case who considers that he has nothing more than a transient diarrhoea due to "something he ate". Sometimes it is hard to convince people that the mild diarrhoea affecting them for one or two days duration is in any way related to the severe, and sometimes fatal cases, among young children or debilitated adults.

On investigating cases among young children, mothers often show either a great deal of pious indignation, or stark alarm, at the thought of their children having dysentery and often incriminate other mothers' children, but the identity of these poor victims is never forthcoming, and so we are left to inflict our powers on the ones unfortunate enough to be found out!

Food Poisoning

During the year eight cases of food poisoning were notified in the district and there were no deaths. In no instance was the agent responsible for the poisoning discovered, although each case and contacts had repeated faecal specimens taken. Five of the cases occurred in a family unit of seven. These five, together with two visitors from Hinckley, had eaten the contents of a tin of salmon from the U.S.S.R. specially brought out for the occasion and purchased six months previously. The tin was suspect as the plating had been eaten away in two or three places. Still salmon is expensive and must be eaten! Two children who did not like salmon were not ill, but on enquiry, the visitors from Hinckley were. A similar tin, the only one left, purchased from the same shop was sent for laboratory examination, but the contents were shown to be perfectly sound. Faecal samples all proved negative.

The other three cases were single isolated ones in children. In all cases the diet eaten by the families was the same as that eaten by the children. Faecal samples taken from all members of each individual household did not reveal any organism.

Food poisoning is a general term used very loosely to refer to the ill effects caused by the eating of foods that have been contaminated by

certain bacteria or other toxins. Food is the medium by which the infection is conveyed to man. The outbreaks usually occur sharply and involve a group of people large or small who have one thing in common - they have eaten the same food at about the same time. The symptoms are nausea, abdominal pains, vomiting, and diarrhoea. In most instances the source may be traced to a single meal, and possibly a single article of food. The commonest bacteriological agent responsible for food poisoning is the Salmonella group of bacteria.

The mode of infection can be human beings suffering with, or recovering from, the infection, rats and mice through their droppings, cattle and swine either through their motions or meat, ducks through their eggs, and sometimes domestic pets (dogs, cats, and pigeons). This is the source of infection. Now how is the infection conveyed from this source to food and thence to man?

In the majority of cases infection is derived from the excretia of either cases, or what we call symptomless carriers. The germs are carried to food by the hands of those preparing it. If a kitchen worker is infected he may easily and unknowingly carry a few germs on his hands after using the sanitary convenience. He may have recently suffered from diarrhoeal disorder, or may be a carrier, (ie. a healthyperson who carries the germs in his intestines without himself suffering any ill effect). If the germs he carries are passed on to others, they may cause serious illness, and every kitchen worker affected with diarrhoea, however mild, should therefore report such illness to his doctor and employer. The most important rule of personal hygiene for kitchen staff is to wash the hands thoroughly with soap and water after using the toilet.

Rats and mice sometime suffer from an infection which is capable of causing food poisoning in humans if their droppings or urine contaminate food. Hence, adequate food storage facilities are necessary, and the importance of the unenviable work of our Rodent Operator. Flies, of course, are well known conveyers of this group of diseases as well as being suspect of carrying others such as dysentery, poliomyelitis, and infantile diarrhoea. This is not surprising when one considers their habits, which to say the least of it are not very savoury. They have been described as follows. "Now flies are not fussy - they will eat anything. Filth or food, it does not matter to them. But when they move from filth to our food they carry germs and infect everything they settle on. It happens like this. They cannot eat solid food, so to make the food liquid, they vomit on it, then stamp around on it until it dissolves. They then suck it all back again. Being greedy little brutes, they usually pass a motion while they are feeding and their feet are also foul if they have just come from a manure heap." Is it any wonder that they spread disease! Hence the great importance of dustbins with lids that fit well and are fitted at all times, and tipping that is really controlled.

Duck eggs have also been mentioned. Over the years 1950-52, 13,562 duck eggs were examined in different parts of England and it was found that approximately 0.2% were infected with a germ that can cause food poisoning. In some cases the infected instance was as high as 0.5%. This may not appear very much, but when one considers that in 1950 something like one hundred and twenty six million duck eggs were sold, that would mean that some one hundred and eighty seven thousand were infected. It is recommended that no duck egg should be used except for the preparation of foods requiring a long period of cooking at a high temperature.

Food may also be contaminated by germs from the skin, nose, and throat. Septic spots and boils on the hands and arms contain germs capable of causing food poisoning. Staff suffering from such skin ailments must not therefore handle food until the condition has cleared up. Ordinary cuts should be well covered with plaster and if they turn septic then they are a source of danger. Germs capable of causing illness are also present in some peoples' noses and throats and these are expelled some little distance when coughing or sneezing. It is therefore important that raw food like meat pastes, etc., which are eaten without being heated, are at all times kept covered. Also, covering the mouth when coughing or sneezing was not just a war-time precaution even though it was most strongly advocated then!

At the end of the year an inspection of food premises was made. This is not assuming that this is the only time that this is done; indeed no. It is part of your District Sanitary Inspectors' everyday work to inspect food premises and this is being done. Sometimes new faces can effect quicker changes and it is hoped that this will be the case. All canteens, hotels, cafes, and restaurants in the district were visited as well as many food shops.

On the whole the general standard is satisfactory and within the law. This does not necessarily mean that they are all that could be desired. In every case the requirements were discussed with the manager, or owner, and the suggestions were supported by a letter giving full details of the verbal suggestions. The suggestions were met with general approval, but the big draw-back in a few cases is either lack of space, or lack of money, or sometimes both. Still neither of these should deter us from pressing reasonable demands when it comes to considering the health of the public. An informal talk was given in each case to the person in charge of the kitchen, and personal hygiene and food hygiene were very strongly stressed. Informative pamphlets were also distributed.

As School Medical Officer, the same procedure was adopted in all school meal canteens. Generally speaking, the persons talked to had a sound knowledge of kitchen hygiene. The food shops offered little to complain about. In some cases meat paste was exhibited without a cover under the noses of the customers, although a suitable cover was not far away. Very few of the shop keepers themselves had ever seen a copy of the Blaby Rural District Byelaws relating to "Sanitary and Cleanly Conditions and Practices in connection with the Handling, Wrapping and Delivery of Food and the Sale of Food in the Open Air", although they knew something of the sort did exist. An extract of the Byelaws was made as well as an extract of the relevant portions of the Food and Drugs Act, 1938, and this was distributed to all food shops. This summarizes the law in relationship to food shops.

The public can also do a great deal to effect a rise in the standard of food handling by being a good deal more critical of the standard of hygiene in the shops and cafes. Afterall, our health is in their hands! This criticism should encourage the progressive food tender and stir-up those who are not so progressive. The law lays down a basic or minimum standard and a higher standard will only come from persuasion on the part of the officials, or better still, free criticism on the part of the customers. They should point out anything which is known to be unhygienic and, just as important, encourage or praise good practices.

Tuberculosis

Thirty nine cases of tuberculosis were added to the register during 1953 of which six were cases previously notified that had been transferred to this area. There were eight deaths, this is two less than in the previous year.

The following table shows the total number of cases of pulmonary and non-pulmonary tuberculosis remaining on the register at the end of the year compared with the total for 1952.

Total cases of Tuberculosis remaining on Register

	Pulmonary		Non-pulmonary	
	Male	Female	Male	Female
1. Total on Register at 31st December, 1952	93	72	23	25
2. New Cases	17	15	1	-
3. Inward Transfers	4	2	-	-
4. Removals	13	7	1	4
5. Total on Register at 31st December, 1953	101	82	23	21
TOTAL	183		44	

From this it will be appreciated that the total number of cases on the Register is slightly greater at the end of the year than at the beginning, and from the table at the end of this section, it will be seen that the number of notifications per year has varied little since 1932. There is little doubt that the incidence of tuberculosis was greater in 1932 than in 1953, but better means of diagnosis, more complete notification, and more accurate certification of the cause of death gives us today a truer picture of the position than in 1932. Cases then were seldom seen in the early stages and there is no knowing how many cases cleared up of their own accord, or how many survived the years to die of other conditions. It is for this reason that the death rate has usually been regarded as a much more reliable means of assessing the incidence of tuberculosis than the notification rate. This is very noticeable when looking through earlier annual reports when in each one the statement is similar to that of 1932 which reads :- "Six of the fatal respiratory cases and three non-respiratory had not been previously notified." How the death rate will be affected by the battery of modern therapeutic agents and more recent surgical procedures will remain to be seen. Perhaps a new index will then have to be found, or maybe the notifications will find their true level!

On looking down the death rates (see page 26), a truer picture will be gained of the position. Since 1932 there has been a gradual fall which has, generally speaking, been lower than that for England and Wales only to level off with it in 1953.

This leads to the very interesting question of why tuberculosis has diminished so greatly over the last half century or more. The fall has been noticeable in most temperate climates. Some of the reduction may have been the result of more efficient and successful treatment of sufferers. Sir Macfarlane Burnet comes to this conclusion. "In all probability the diminution has resulted mainly from the steady advance in the standard of living over the period. On the whole, the average person in a civilized community now eats more and better food, is housed in greater comfort, has more opportunity for fresh air and sunlight, and is more cleanly in his habits than was the case ninety years ago. A higher proportion of people with active tuberculosis are being cared for in sanatoria, and those who are not have usually been given training in hygiene that diminishes the likelihood of infecting others." This suggests that local authorities have made an appreciable contribution towards the decrease in the incidence of this disease; but there are still too many cases in our district, and still too many people who are not "housed in greater comfort".

Death Rates relating to all forms of Tuberculosis
(With comparative figures for England & Wales)

Rates per 1,000 population

	Estimated Population	Total No. of Notifications	Notification Rate		Total No. of Deaths	Death Rates		Death Rate England & Wales
1932	34,290	44	1.28		29	0.85		0.82
1933	35,070	45	1.28	1.31	36	1.03	0.90	0.80
1934	36,260	49	1.35		30	0.83		0.74
1935	27,100	31	1.14		19	0.70		0.70
1936	31,080	24	0.80	0.95	15	0.50	0.54	0.67
1937	32,230	32	0.90		14	0.43		0.67
1938	33,090	20	0.60		7	0.21		0.62
1939	34,290	25	0.73	0.78	18	0.52	0.41	0.62
1940	34,180	32	0.94		17	0.50		0.67
1941	36,300	51	1.40		25	0.70		0.70
1942	35,740	54	1.51	1.33	17	0.48	0.61	0.61
1943	35,470	38	1.07		23	0.65		0.61
1944	35,520	42	1.18		13	0.37		0.57
1945	35,180	21	0.60	0.79	14	0.40	0.44	0.56
1946	37,460	22	0.59		21	0.56		0.53
1947	37,170	25	0.67		10	0.27		0.54
1948	38,050	30	0.79	0.77	11	0.29	0.28	0.88
1949	38,360	37	0.96		11	0.29		0.45
1950	39,130	25	0.64		10	0.26		0.36
1951	39,520	33	0.84	0.75	12	0.31	0.27	0.31
1952	39,750	35	0.88		10	0.25		0.24
1953	39,810	33	0.83		8	0.20		0.20

DEATH FROM ALL CAUSES

	1953		
	Males	Females	Total
1. Tuberculosis, respiratory	3	3	6
2. Tuberculosis, other	1	1	2
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infections	1	-	1
7. Acute poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective & parasitic diseases	-	-	-
10. Malignant neoplasm, stomach	8	3	11
11. " " lung, bronchus	13	2	15
12. " " breast	-	7	7
13. " " uterus	-	4	4
14. Other malignant & lymphatic neoplasms	11	13	24
15. Leukaemia, aleukaemia	-	2	2
16. Diabetes	1	1	2
17. Vascular lesions of nervous system	33	35	68
18. Coronary disease, angina	31	20	51
19. Hypertension with heart disease	5	6	11
20. Other heart disease	46	57	103
21. Other circulatory disease	15	7	22
22. Influenza	1	9	10
23. Pneumonia	6	5	11
24. Bronchitis	10	5	15
25. Other diseases of respiratory system	2	-	2
26. Ulcer of stomach and duodenum	-	1	1
27. Gastritis, enteritis, & diarrhoea	1	1	2
28. Nephritis and nephrosis	2	2	4
29. Hyperplasia of prostate	-	-	-
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	-	-	-
32. Other defined & ill-defined diseases	16	18	34
33. Motor vehicle accidents	3	-	3
34. All other accidents	4	3	7
35. Suicide	3	-	3
36. Homicide & operations of war	1	1	2
ALL CAUSES	217	206	423

REPORT OF THE CHIEF SANITARY INSPECTOR

for the year 1953

To the Chairman and Members of the

Rural District Council of Blaby.

Sir, Ladies and Gentlemen,

I have pleasure in submitting the Annual Report on the sanitary circumstances of the District, relating in particular to the work carried out by your Sanitary Inspectors.

This is my eleventh annual report, and I should like to thank your Medical Officer of Health for the facilities afforded to present it with his Annual Report on the Health of the District.

Again, I wish to express my thanks to members and officers of the Council for their continued support and co-operation, and also to acknowledge the willing assistance of the staff of the Department.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOHN J. GALSWORTHY,

Chief Sanitary Inspector.

1. WATER SUPPLY

Mains Water Supplies

Of the twenty three parishes in the Blaby Rural District, all of the twenty parishes which contain sizeable communities or villages are now on mains water supply. Even in the three remaining parishes of Leicester Forest West, Lubbesthorpe, and Potters Marston, which are purely agricultural in character, some of the farms and dwellings are on piped water supply.

The following thirteen parishes are supplied with water from Leicester Corporation Water Department.

Braunstone	Countesthorpe	Glenfield	Narborough
Blaby	Enderby	Huncote	Whetstone
Cosby	Glenfield	Kirby Muxloe	Thurlaston

Blaby Rural District Council has its own water supply to the six parishes of -

Stoney Stanton, Sapcote, Elmesthorpe, Sharnford, Wigston Parva, and Aston Flamville.

The parish of Croft is provided with a mains supply by the Croft Granite, Brick and Concrete Company Limited.

Quality of Mains Water Supplies

Samples of water are regularly taken from the three public supplies of piped water in the district and submitted for chemical and bacteriological examination to ensure that they are maintained at a satisfactory degree of purity.

Analysis of Mains Water Supplies - 1953

Examination	Samples Taken	Satisfactory	Not Satisfactory
Chemical	23	23	0
Bacteriological	23	23	0

	Parts Per Million		
	Leicester Corporation	Blaby R.D.C.	Croft Granite Company
Total Solids	70.0	940.0	2140.0
Loss on ignition	20.0	200.0	440.0
Free ammonia	0.0	0.0	0.0
Albuminoid Ammonia	0.020	0.040	0.040
Nitrogen	0.820	0.820	1.23
Oxygen consumed in 4 hours	0.380	0.490	0.32
Chlorine	12.000	28.000	58.000
Hardness	46.000	620.000	910.000
	pH 8.5	pH 8.5	pH 8.0
Lead and Copper	absent	absent	absent
Bacterial count at 37° C	7 organisms per CC	15 organisms per CC	20 organisms per CC
Bacillus Coli 44° C	Absent in 10 CC's	Absent in 10 CC's	Absent in 10 CC's

Shortage of Supply

The extension of the water mains into the parishes of Wigston Parva and Aston Flamville, together with the installation of water closets to replace pail closets in Sapcote, Sharnford, and Stoney Stanton, following completion of the new sewerage scheme, has resulted in a greatly increased demand from the Council's waterworks at Sapcote and Stoney Stanton. Such has necessitated a new booster pump, filtered water storage tank, and additional pressure filter to be installed at Sapcote.

The new service reservoir under construction at Enderby by the Leicester Corporation Water Department to improve pressure in the area and to ensure adequate supply at Thurlaston was nearing completion at the end of the year.

Standpipes

With the installation of piped water supply into houses and over sinks, it was possible to abolish twenty five standpipes.

In Glenfield it was necessary to have a standpipe erected to provide mains water supply to certain properties in the West Street area where there were eight polluted wells.

Well Water Supply

It must be appreciated that in a Rural District although mains water may be taken into a village, there will be quite a few farms and isolated dwellings in the particular parish which will still have to rely on well water supply as the cost of extending the supply to such properties would be quite uneconomical.

The bringing of mains water supply to a village is necessarily followed by a sewerage scheme and the redrainage of the various dwellings. Delay often occurs in the installation of mains water into houses, the owners preferring to deal with piped water supply and redrainage in one operation. This is particularly so in the case of Kilby where some owners are waiting to redrain their premises to the new sewer which is now due to be laid.

Examination of Well Water 1953

Samples Satisfactory		Samples Not Satisfactory	
Chemical	Bacteriological	Chemical	Bacteriological
0	3	0	29

During the year sixty five dwellings formerly served by thirty five polluted wells were provided with mains water supply.

Two wells were cleansed.

The following tables indicate the present water supply position in the district and in the various parishes.

WATER SUPPLY FROM MAINS				WATER SUPPLY FROM WELLS	
Approximate Number of houses		Estimated Population		Approximate Number of Houses	Estimated Population
11,927		38,550		395	1,260
Direct supply to house	By standpipes	Direct supply to house	By standpipes		
11,570	357	37,400	1,150		

1953

PARISH	Number of Occupied Premises	Estimated Population	Number of Houses on Mains Supply	Number of Houses with water Direct to House	Number of Houses Served by Standpipes	Number of Houses Served by Wells
Aston Flamville	37	120	19	19	-	18
Blaby	958	3,114	949	904	45	9
Braunstone	2,857	8,200	2,857	2,857	-	-
Cosby	510	1,715	494	485	9	16
Countesthorpe	699	2,159	693	661	32	6
Croft	347	1,135	342	277	65	5
Elmesthorpe	103	445	93	93	-	10
Enderby	1,125	3,600	1,118	1,094	24	7
Glenfield	1,128	3,322	1,128	1,095	33	-
Glen Parva	1,003	3,130	999	999	-	4
Huncote	182	654	162	146	16	20
Kilby	85	262	59	59	-	26
Kirby Muxloe	917	3,000	909	908	1	8
Leicester Forest West	13	58	2	2	-	11
Lubbesthorpe	26	77	8	8	-	18
Narborough	773	3,700	765	763	2	8
Potters Marston	12	47	1	1	-	11
Sapcote	273	870	253	240	13	20
Sharnford	168	548	150	147	3	18
Stoney Stanton	425	1,430	410	335	75	15
Thurlaston	148	538	8	8	-	140
Whetstone	517	1,632	497	461	36	20
Wigston Parva	16	33	11	8	3	5
TOTAL	12,322	39,810	11,927	11,570	357	395

2. SEWERAGE and DRAINAGE

With the completion during the year of the new sewerage scheme for the three parishes of Stoney Stanton, Sapcote and Sharnford, the fifteen larger parishes in the district are now adequately sewered.

Ten sewage disposal works take the drainage from these fifteen parishes -

Blaby and Whetstone
Braunstone
Cosby and Narborough
Countesthorpe
Croft and Huncote
Enderby
Glenfield
Glen Parva
Kirby Muxloe
Sapcote, Sharnford and Stoney Stanton

I am indebted to the Engineer and Surveyor, Mr. F. W. James, for details of pending and proposed works of sewerage and sewage disposal.

Kilby - The new sewerage scheme for Kilby has been approved by the Ministry and is to be commenced in 1954.

Thurlaston - The new sewerage scheme for Thurlaston has been submitted to the Ministry for approval.

Aston Flamville - A scheme for the drainage of ten houses in Aston Lane to the nearby sewer of the Hinckley U.D.C. has been commenced.

Wigston Parva - Drainage schemes for these two parishes have for the present been deferred on account of cost.
Elmesthorpe

Improvements to the sewage disposal works at Countesthorpe and Glenfield have been completed; new sewage disposal works at Enderby have been approved by the Ministry, and a scheme for the extension and improvement of the works for Blaby and Whetstone has been submitted to the Ministry.

Schemes for the extension of sewers in Cosby Road, Countesthorpe; Sandhill Drive and Ratby Meadow Lane, Enderby; and Hinckley Road, Kirby Muxloe have been prepared.

During the year sewers were extended in Willoughby Road, Countesthorpe and in Tournament Road and Triumph Road, Glenfield.

The re-sewering of Stoney Stanton, Sapcote, and Sharnford necessitated the investigation and supervision for the re-drainage of 616 premises to the new sewers. In all, 836 premises are now on the sewer in these three parishes.

Cesspools

Following the re-sewering of the villages of Sapcote and Sharnford, and the extension of the sewers in Willoughby Road, Countesthorpe and in Tournament and Triumph Road on the Dominion Estate, Glenfield, 59 cesspools were abolished during the year and the premises re-drained to sewers.

Five new cesspools were constructed to new dwellings erected on roads or sites where no foul sewers were available.

In general, cesspools cannot be considered to be a satisfactory method of drainage disposal, for although the Council has undertaken to empty cesspools to private dwellings in most parts of the district every three months, it is found that in the majority of cases the cesspools are of inadequate capacity and overflow within this period. Such unsatisfactory conditions exist at groups of houses in various parts of the district, particularly where mains water supply is available at Elmesthorpe; Cambridge Road, Cosby; Thurlaston Lane, Croft; Cambridge Road, Whetstone; and Hinckley Road, Leicester Forest East, Kirby Muxloe.

Closet Conversions

Until conversions were permitted in the villages of Stoney Stanton, Sapcote, and Sharnford towards the end of the year following completion of the new sewerage system, the rate of progress with conversions in the district was comparatively slow. This is due to the fact that, with the exception of Croft, the majority of the pail closets in the other villages have now been converted to water closets, and the few remaining are either at dwellings which are due for demolition or reconditioning, or at premises where for some reason, financial or otherwise, the owners are not yet prepared to make such conversions voluntarily.

At the present time, with main sewerage schemes not yet completed in Kilby and Thurlaston, and subsequent conversions still to be made at these two villages, it may not yet be considered expedient to compel conversions under the provisions of Section 47, Public Health Act, 1936, but it is obvious that it is both undesirable and uneconomical for the Cleansing Department to have to empty several odd pails at scattered premises in the sewered villages in the district, and the time must be approaching when the Council will have to consider enforcing such conversions.

In the meantime a good response is being made by owners in carrying out voluntary conversions and taking advantage of the contribution made by the Council towards the cost of conversion of half the cost but not exceeding a grant of £7.10s.0d. in respect of each conversion.

During 1953, there were 331 applications for conversion grants approved.

Year	Number of Conversions
1945	43
1946	88
1947	120
1948	124
1949	140
1950	177
1951	233
1952	140
1953	107

Total (Post War) 1,172 conversions completed

Pail Closets

The following table gives an approximate indication of pail closets i the district.

	Converted 1953	Application for Grant 1953	Pail Closets at 31.12.53.	Remarks
Aston Flamville	0	-	16	Not sewered
Blaby	6	3	14	
Braunstone	3	2	0	
Cosby	3	2	10	
Countesthorpe	9	16	27	
Croft	1	2	100	
Elmesthorpe	0	-	13	Not sewered
Enderby	3	3	50	
Glenfield	13	40	60	Sewer extensions in progress)
Glen Parva	0	-	1	
Huncote	5	5	8	
Kilby	0	-	70	Not sewered
Kirby Muxloe	4	5	8	
Leicester Forest West	0	-	2	Not sewered
Lubbesthorpe	0	-	18	Not sewered
Narborough	2	2	12	
Potters Marston	0	-	6	Not sewered
Sapcote	14	85	215	Sewers completed Oct. '5
Sharnford	8	42	132	" " Nov. '5
Stoney Stanton	30	118	320	" " Aug. '5
Thurlaston	0	-	98	Not sewered
Whetstone	6	6	63	
Wigston Parva	0	-	11	Not sewered
TOTALS	107	331	1,256	

Pail closets throughout the district are emptied weekly by the Cleansing Department and the contents disposed of by discharge into foul sewers at suitable manholes; treatment at the Council's central refuse tip and occasionally on suitable agricultural land for manurial purpose.

During the year, in connection with re-drainage of premises and conversions, 222 drains were tested and 324 examined. 86 obstructed drains were cleared.

Sanitary Accommodation in Schools

The Education Department of the County Council improved the sanitary accommodation at Sharnford C. of E. School by carrying out conversions as soon as the new sewer was available in 1953. Unfortunately, similar improvements have not yet been made at the Stoney Stanton Schools. It is also regretted that conversions have not yet been carried out at Sapcote C. of E. School.

3. PUBLIC CLEANSING

The Cleansing Department is under the control of the Engineer and Surveyor.

A weekly collection of house refuse is made in every parish in the district, 8 refuse collection vehicles being used. Refuse is disposed of at one central tip in Enderby by controlled tipping.

4. SANITARY INSPECTION

The number of complaints recorded in the Register during the year was 401. Defects or nuisances totalling 1,049 were dealt with at 538 premises.

Inspections and Revisits

Bakehouses	12	
Dairies	167	
Drainage Work	2,582	
Dwelling Houses	1,243	
Factories and Workplaces	89	
Food Premises	499	
Infectious Disease Enquiries	145	
Food Poisoning Enquiries	4	
Keeping of Animals	8	
Piggeries	27	
Movable Dwellings	65	
Refuse and Accumulations	77	
Rodent Infestation	38	(excluding visits made
Schools	6	(by Rodent Operative
Shops	10	
Slaughterhouses (meat inspection)	29	
Smoke Nuisances	15	
Verminous and dirty premises	32	
Water Supplies	291	
Water Courses and Ditches	45	
Storage of Petroleum	23	
Unclassified	292	
Total	5,699	
Rodent Control	3,404	
Grand Total	9,103	

Notices

Preliminary or Informal

	Public Health	Housing
Outstanding on 1st January	395 *	45
Issued during year	652 *	71
Complied with during year	436 *	71
Statutory Action necessary	3	9
Outstanding 31st December	611	45

* These include informal notices requiring conversion of pail closets to water closets and also informal notices requiring improvements at Food Premises.

Total Informal Notices issued 723
Total Informal Notices complied with 507

Statutory or Formal

	Public Health	Housing
Outstanding on 1st January	4	2
Issued during year	3	9
Complied with during year	7	7
Outstanding 31st December	0	4

5. SHOPS

The provisions of Section 38 of the Shops Act, 1950 are enforceable by the Council. This section provides for the health and comfort of workers in shops, and relates specifically to -

Sanitary Accommodation
Temperature
Ventilation
Washing Facilities
Lighting
Facilities for taking meals.

Although there are 297 shops in the district, the great majority are small family businesses, employing no shop assistants, to which the provisions of this section of the Act do not apply.

When inspections are made at food shops regard is also given to the requirements of the Shops Act; but such inspections are not recorded as Shops Act inspections unless some contravention of the Act is found.

Actual inspections made under the Shops Act were ten during the year. In one case adequate washing facilities were required, and this was dealt with, and also the provision of adequate sanitary accommodation at another shop.

6. REGULATED PREMISES

There are no particular premises to which special regulations apply, such as Common Lodging Houses and Offensive Trades, in the district.

Details of action with regard to Tents, Vans and Sheds, etc., are given in the section in this report under the heading Movable Dwellings.

7. VERMINOUS PREMISES

No case of infestation by bugs was reported during the year, but four dwellings were treated for flea infestation.

Treatment was carried out at nine Council houses against infestation by woodworm.

8. SMOKE ABATEMENT

No nuisance was observed from the emission of smoke from any chimney stack during the year.

The practice of burning waste leather at some of the boot and shoe factories in the district gives ground for complaint. The smell from the burning of such scrap is most acrid and unpleasant and is particularly persistent when the weather is damp and humid.

9. RODENT CONTROL

For the administration of the Prevention of Damage by Pests Act, 1949, the Council maintains a Rodent Destruction Service, employing a Rodent Operative provided with a light van.

Treatment for the destruction of rats at private dwellings is carried out free of charge as a public service, but full charges are made for work on any business premises or agricultural land.

All premises and properties owned by the Council are regularly treated for the destruction of rats and mice when found necessary.

Surface Treatments 1953

	Council Premises	Private Dwellings	Agricultural premises	Business or other premises	TOTAL
Complaints Received	-	79	3	15	97
Premises Inspected	136	3,125	26	117	3,404
Major ¤	6	-	4	3	13
Minor	26	198	3	15	242
Mice	-	16	-	1	17
Premises Treated	31	211	7	19	268
Bodies Found	192	142	164	73	571

¤ An infestation estimated to exceed 20 rats is classed as a Major Infestation.

In most cases of rat infestation at private dwellings, the sources of the infestations were found to be in the gardens, particularly in the vicinity of fowl runs.

The shops and factories in the district appear to be comparatively free from rat infestation, but fairly heavy infestations were found on piggeries, small holdings, and farm premises.

Regular treatments are necessary at the ten Sewage Disposal Works in the district, which tend to become infested at certain periods, particularly in late Autumn and early Spring.

The Council's Refuse Tip at Enderby is maintained remarkably free from infestation due to the efficient method of controlled tipping and constant attention.

During the year, the Rodent Operative made a total of 3,404 visits in connection with rodent control.

Sewer Treatments

The foul sewers in fifteen parishes in the district are regularly treated at six-monthly intervals for rodent destruction by baiting in the manholes.

Sewer Treatment M1/53 (Summer 1953)

	Total Number of Manholes	Manholes Baited	Manholes Bait Taken	Manholes Test - Baited
BLABY	85	9	0	Test bait only
BRAUNSTONE	191	4	1	34
COSBY	57	14	3	-
COUNTESTHORPE	68	19	0	-
CROFT	40	15	10	-
ENDERBY	81	16	4	-
GLENFIELD	116	2	1	69
GLEN PARVA	86	11	9	33
HUNCOTE	21	12	0	-
KIRBY MUXLOE	143	23	2	-
NARBOROUGH (including Littlethorpe)	71	19	1	-
SAPCOTE	18	10	2	-
SHARNFORD	10	10	0	-
STONEY STANTON	41	20	0	-
WHETSTONE	31	7	0	-
TOTAL	1,059	191	33	136

Where there has been no evidence of infestations in sections of sewers in certain parishes on the previous treatment, test-baiting is carried out yearly in approximately one tenth of the manholes in the area.

On the occasion of the Summer treatment 1953, sections of sewers in the parishes of Braunstone, Glenfield, and Glen Parva, which were not previously infested, were found to be infested. This was possibly due to rats from the surface gaining access into the sewers by way of exposed drains and uncovered inspection chambers on new building sites.

10. MILK SUPPLY

Dairies

There are ten registered dairies in the district to which eighty six visits were made during the year.

In general the dairies are of satisfactory construction and maintained satisfactorily. Structural improvements were carried out at one dairy during the year.

Milk is processed by pasteurisation at two dairies in the district.

1. Dairy, King Street, Enderby, - Enderby Co-operative Society Ltd.

An "H.T.S.T." plant at these premises pasteurises approximately 380 gallons of milk daily, the milk coming from 13 local farms.

2. Dairy, Huncote Road, Stoney Stanton, - R. J. Lever.

Approximately 120 gallons of milk are pasteurised daily at these premises by the "Holder" process. The milk is received from 2 local farms.

A pasteurising plant of the "Holder" type was being installed at

Dairy, 19 Lutterworth Road, Blaby - H. Wesson

but was not in operation at the end of the year.

Milk Distribution

The number of Distributors of milk on the Register in the district at the end of 1953 was

Producer-Retailers (milk produced in district)	12
Distributors (from premises in district)	14
Distributors (from premises outside district)	12
Total	38

Milk Licences

Under the Milk (Special Designations) Regulations, 1949, the Council issued the following licences.

Dealers Licences

Tuberculin Tested	- 4	(Raw Milk) Regulations
Pasteurised	- 9	(Pasteurised & Sterilised Milk) Regulations
Sterilised	- 2	
also T.T. Pasteurised	- 1	

Supplementary Licences

To Distributors retailing milk in the Blaby Rural District from premises outside the district.

Tuberculin Tested - 5 (Raw Milk) Regulations
Pasteurised - 12)
Sterilised - 6) (Pasteurised and Sterilised Milk) Regulations
also T.T. Pasteurised - 7

Milk Samples

Samples of milk are regularly taken from milk supplies in the district and submitted to the Public Health Laboratory for bacteriological examination.

Bacteriological Examination of Milk Samples 1953

	Samples Taken	Satisfactory	Not Satisfactory
Designated (Tuberculin Tested	15	13	2
Designated (Accredited	7	6	1
Designated (Pasteurised	24	24	0
Designated (Sterilised	1	1	0
Ordinary	39	38	1
TOTALS	86	82 (95%)	4 (5%)

Biological Examination of Milk Samples

All supplies of raw milk retailed in the district are sampled twice yearly and submitted to the Public Health Laboratory for biological examination to determine if any supply is infected with Tuberculosis or Brucella Abortus, the latter being the causal organism of Undulant Fever in man.

Number of Samples Taken	Satisfactory	Infected with M. Tuberculosis	Infected with B. Abortus
51	40	0	11

Where, as a result of routine sampling, evidence of infection with Brucella Abortus is reported, the supply is traced and individual samples taken from each cow in the milch herd.

As a result of the 11 positive reports from the routine samples taken during the year, 248 individual samples were taken from cows in 11 herds. 27 cows were found to be giving infected milk, one with Brucella Melitensis - a more virulent type of organism.

2 infected cows were slaughtered. 12 infected cows were removed from milch herds. In 4 cases the milk was diverted for pasteurising.

An Order under Section 20 Part VII, Milk and Dairies Regulations, 1949 for compulsory pasteurisation was made in one case.

In general, excellent co-operation was received from the various milk producers and farmers concerned in dealing with these infected milk supplies.

11. ICECREAM

The number of premises registered under Section 14, Food and Drugs Act, 1938 in respect of icecream is -

Manufacture and sale of icecream	= 9
Manufacture only	= 0
Retail sale	= 64

Although 9 premises are registered for the manufacture and sale of icecream, no icecream is manufactured therein, only pre-packed icecream now being sold from the premises.

Samples of icecream are taken when available throughout the year, but principally during the Summer months, and submitted to the Public Health Laboratory for bacteriological examination.

At the Laboratory the samples are prepared and subjected to the Methylene Blue Reaction Test, and graded into provisional grades varying from 1 to 4. Samples in provisional grades 1 and 2 may be considered to be satisfactory.

Samples Taken	Satisfactory		Unsatisfactory	
	Grade 1	Grade 2	Grade 3	Grade 4
93	83	10	0	0
	93 (100%)		0 (0%)	

In addition, 16 samples of Iced Lollies were taken for bacteriological and chemical analysis.

No trace of metallic contamination was found in any of the samples, but 2 samples showed evidence of mould growth, but this was of a harmless nature.

12. MEAT INSPECTION

On the 31st December, 1939, there were 20 private slaughterhouses in the district, but no licence was issued by the Council after that date in respect of any of them, as with the coming into operation of the Meat and Livestock Control Scheme on 15th January, 1940, all these private slaughterhouses were closed for private slaughtering for meat for sale for human consumption.

The slaughtering of 'cottagers' pigs was however permitted in certain private slaughterhouses under licence in respect of each pig by the Ministry of Food. It is emphasized, however, that as these pigs were slaughtered for private consumption, and not for sale as 'butchers meat' to the public the provisions of the Slaughter of Animals Act, 1933 and the Public Health (Meat) Regulations, 1924 did not apply, and there was no legal obligation for such meat to be inspected. Furthermore, the issue of an individual licence to slaughter a pig by the Food Office in no way recognised the suitability of the private slaughterhouse for general slaughtering, but merely specified a more suitable place for slaughter than at the place of production - ie. the pig rearer's own premises.

Up to the end of 1951, when the local Food Office was in the district information was received by the Department from the Food Office of the issue of any licence to slaughter a pig, and in the interest of the consumer, an endeavour was made to inspect the slaughtered pig. With the closure of the local Food Office, such information was not forthcoming in 1952, but in 1953, arrangements were made whereby a form of notification was given. Unfortunately, such information often arrived too late and it was impracticable to arrange inspection.

During 1953, 41 'cottagers' pigs slaughtered under licence were inspected, 29 visits being made for the purpose. Only in one case was evidence of infection with Tuberculosis found, the affected parts being condemned.

13. FOOD PREMISES AND INSPECTION

The number of food premises in the district and the number of visits made thereto during the year are as follows.

Premises

Type	Number	Visits Made	Registered
Dairies	10	86	Milk & Dairies Regulati
Bakehouses	11	12	Factories Act
Butchers' Shops including	27		
Cooked Meat Premises	17	24	Food & Drugs Act
Fish and Fish Frying Premises	12	19	Food & Drugs Act
Restaurants, Cafes, Canteens, etc.	17	29	
Food Shops including	152	265	
Icecream Premises	73	142	Food & Drugs Act
Food Stores	2	26	
TOTAL	321	603	

In addition, 75 inspections were made of vehicles delivering or retailing milk, icecream, and other foods.

Together with the 29 visits made to slaughterhouses in connection with meat inspection, -

Total Number of Inspections of Food Premises = 707

In the course of the year, joint visits were made by the Medical Officer of Health and Chief Sanitary Inspector to the Restaurants, Cafes, and Canteens in the district, and advice given to all employed therein on the hygienic preparation of food.

The following works were completed during the year at food premises, following notices being sent to the occupiers.

	Provision Shops	Bake-houses	Fish Frying Premises	Food Preparing Premises	Restaurants and Kitchens	Butchers Shops
Interior surfaces cleansed and painted	25	3	2	1	1	1
Walls, Ceilings, Floors repaired	12	2	2	1		
Ventilation provided	4		1			
Constant Supply of Hot Water provided	28	2	2			1
Storage Fittings provided	4					
Sinks provided		1	1			1
Sanitary Accommodation cleansed	2					
Sanitary Accommodation repaired	1					
Sanitary Accommodation provided	1					

During the year, 59 notices were issued requiring improvements to food premises, and 55 were complied with by the end of the year.

In general the food premises in the district are reasonably satisfactory, but a constant endeavour is being made to bring the standard even higher than that required under Section 13 of the Food and Drugs Act, 1938.

The attention of food handlers has been drawn to the Byelaws made by the Council under Section 15, Food and Drugs Act, 1938 to improve methods of handling, wrapping and delivering food.

Foods Surrendered and Condemned		Weight (approx.)
130 tins	Canned Meat	186 lbs.
100 "	" Vegetables	113 lbs.
24 "	" Fish	20 lbs.
26 "	" Milk	25 lbs.
3 "	" Soup	3 lbs.
461 "	" Fruit	783 lbs.
15 jars	Jam	15 lbs.
	Sultanas	120 lbs.
	Margarine	3 lbs.
	Cooking Fat	2 lbs.
	Bacon	89 lbs.
	Total weight	1,359 lbs.

Disposal of Condemned Food

Surrendered and condemned food is collected and conveyed in the Department's van to the Council's refuse tip where it is properly disposed of by burying under supervision.

14. HOUSING

(A) New Houses

The following information relating to new houses and Council houses has been obtained from other Departments.

Houses completed during year	Type		Average Cost per house	Average Rent (Exclusive of Rates)
	Prefabricated Permanent	Permanent		
Council	-	94	£1,650	17/11 a week
Private Enterprise	-	168	£1,900	
Houses in course of erection at 31.12.53.				
Council	-	86	-	-
Private Enterprise	-	201	-	-

Total Number of Post-War Houses Completed

Council	933
Private Enterprise	689

Total number of Applicants for Council Houses at end of year 602

Number of new applications received during year 244

(B) Inspection of Dwelling Houses during Year

(1) Number of dwelling houses inspected for housing defects (under Public Health Act and Housing Acts) 290

(2) Number of dwelling houses which were inspected and recorded under Housing Consolidated Regulations 1925 & 1932. 54=
(= All dwellings in district with R.V. £16 and under have already been recorded under Housing Survey)

(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. 54+
(+ These have already been recorded and scheduled for action when circumstances permit.

(4) Number of dwelling houses (exclusive of those referred to under the preceeding sub-head) found not to be in all respects reasonably fit for habitation. 71

(C) Remedy of Defects during the Year without Service of Formal Notices

Number of defective dwelling houses rendered fit in consequence of informal action. 43

(D) Action under Statutory Powers during Year

(a) Proceedings under Sections 9, 10, and 16 Housing Act, 1936.

(1) Number of dwelling houses in respect of which notices were served requiring repairs. 0

(2) Number of dwelling houses which were rendered fit after service of formal notices,

(a) by owners 0
(b) by Council in default of owners 0

(b) Proceedings under Public Health Acts

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied. 9

(2) Number of dwelling houses in which defects were remedied after service of formal notices,

(a) by owners 7
(b) by Council in default of owners 0

(c) Proceedings under Sections 11 and 13 Housing Act, 1936

(1) Number of dwelling houses in respect of which Demolition Orders were made. 7

(2) Number of dwelling houses demolished in pursuance of Demolition Orders. 5

(d) Proceedings under Section 12, Housing Act, 1936

Number of separate tenements or underground rooms in respect of which Closing Orders were made.	0

(E) Housing Act, 1936, Part IV Overcrowding

(a)	(1) Number of dwellings overcrowded at end of year	4
	(2) Number of families dwelling therein	5
	(3) Number of persons dwelling therein	27
(b)	Number of new cases of overcrowding reported during year	1
(c)	(1) Number of cases of overcrowding relieved during year	5
	(2) Number of persons concerned in such cases	34

In addition, 13 cases of overcrowding, due to insufficient bedroom accommodation, involving 53 persons, were relieved.

(F) Housing Summary

(a)	Total number of occupied houses in district	12,322
(b)	Total number of Council houses in district	1,377

(G) Housing Act, 1949

Number of applications for reconditioning grants	3x

x None granted.

(H) General Remarks on Housing

A modest start has been made for the demolition or closing of unfit dwellings and the re-housing of their occupants by the Council.

Official Representation on the unfit condition of 10 dwellings was made for action under Section 11, Housing Act, 1936. 7 Demolition Orders were made, and 1 Closing Order under Section 10, Local Government (Miscellaneous Provisions) Act, 1953. In addition, 2 Undertakings were accepted - one for the reconditioning of a house, and the other for the Closing of a dwelling.

During the year 5 dwellings were demolished in pursuance of Demolition Orders, and 3 dwellings demolished by informal action. 2 dwellings were Closed by informal agreement.

There are still nearly 350 dwellings in the district which have been scheduled for demolition, and whilst action under Section 11, Housing Act, 1936 is recommended for individual unfit houses, it is obvious that the only effective way to deal with congested groups of unfit dwellings is be defining such areas as Clearance Areas by action under Section 25, Housing Act, 1936.

Again I have to comment on the impracticability in present circumstances of action by the Council for the repair and reconditioning of tenanted houses, under the provisions of Section 9, Housing Act, 1936.

Pending legislation may facilitate such repair work, but, at the present time, it would appear that it is neither economical for the owner under Statutory Notice, nor the Council in default, to repair and recondition the pre-1914 tenanted unfit house.

Irrespective of any pending legislation for the repair of old houses, careful consideration should be given to the provisions of Section 20, Housing Act, 1949 whereby the Council may make grants to owners for the reconditioning of sub-standard houses. Conditions imposed to date tended to limit the application of this section of the Act, but modified conditions now proposed, may result in the Council being able to assist owners to put their property into good repair and provide their tenants with all necessary sanitary amenities.

As mentioned in my Report for last year, there are over 1,000 houses in the district needing repair and reconditioning to bring them up to the 1919 standard of fitness for habitation, and a further 2,000 which are below the standard for improved dwellings set out under the 1949 Housing Act.

15. MOVABLE DWELLINGS

The desire of newly married couples to have a place of their own, and the difficulties financial or otherwise of buying a house or obtaining a Council house, has influenced many of them to obtain, often by hire purchase, a caravan for use as a dwelling.

The close proximity of parts of the district to the City of Leicester where there are several large caravan distributors, and very few caravan sites, has resulted in a tendency for an overspill of a caravan population into the district. Unfortunately, many of the would-be caravan dwellers are not aware of the legal requirements, both under Planning and Public Health in connection with the stationing and use for habitation of movable dwellings, with the result that they often run into difficulties in connection with the siting of their caravans.

There are no approved or licensed caravan sites in the district, but licences have been issued by the Council under Section 269, Public Health Act, 1936 to individual caravan dwellers to station single caravans on suitable single plots. Such licences are issued annually, 26 licences being in force at the end of the year. The sites of these movable dwellings are inspected regularly to ensure that the sanitary facilities are satisfactory and the sites maintained in a satisfactory condition: 60 inspections were made during the year.

In the course of the year it was discovered that there were three sites in the district where caravans had been placed thereon without approval or licence. The owners of the sites concerned and the occupiers of the caravans were advised of the legal requirements, with the result that in two of the cases the caravans were removed.

Action in respect of the third unlicensed camping site is at present pending, the matter being dealt with, in the first instance, by the County Council under the Town and Country Planning Act.

16. FACTORIES

In addition to Agriculture, there are a considerable number of industries in the district, the principal being -

Boots and Shoes	Hosiery
Leather Dressing	Knitwear
Leather Washers	Dyeing
Toe Puffs	Cardboard Boxes
Electrical Components	Food Preparation
Photographic Equipment	Joinery and Sawmilling
Light Engineering	Artificial Stone, Concrete Products
Motor Vehicles Repair	Concrete Pipes
Coach Building	Sand Quarrying
Bricks and Tiles	
Stone Quarrying	

The number of factories entered in the Register at the end of 1953 was 158.

Factories Acts 1937 and 1948

Premises	Number on Register	Inspections	Written Notices	Occupiers Prosecuted
Factories without Mechanical Power	7	7	-	-
Factories with Mechanical Power	151	74	16	-
Other Premises included under Act	8	8	-	-

In general the sanitary conditions in the factories in the district are good. Particulars of defects found are set out below.

Cases in which defects were found

	Found	Remedied	Referred		Prosecution Cases
			To H.M. I.	From H.M. I.	
Want of cleanliness	4	4	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate Ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences	-	-	-	-	-
(a) Insufficient	2	1	-	-	-
(b) Unsuitable or defective	12	10	-	2	-
(c) Not separate for sexes	2	2	-	-	-
Other offences	3	2	-	-	-
Total	23	19	0	2	0

Fire Escape Certificates

Certificates under Section 34, Factories Act, 1937 were issued by the Council in respect of four Factories certifying the provision of Adequate Means of Escape in Case of Fire.

Outworkers

Section 110, Factories Act, 1937 requires the occupier of every factory to send to the District Council during the months of February and August each year, copies of a list showing all outworkers so employed by him during the preceding six months.

The lists received show that various firms in the district, as well as the City of Leicester and Urban Districts of Hinckley and Wigston, mostly engaged in the making of wearing apparel, employ outworkers residing in the Blaby Rural District.

No case of infectious disease was noted at any of the addresses of these outworkers, and no case of work in unwholesome premises was noted.

Outworkers - August Return 1953

Nature of Work	Outworkers employed by firms in District	Outworkers employed by firms outside District
Wearing Apparel		
Hosiery	16	97
Boots and Shoes	14	8
Knitwear	13	6
Gloves	0	11
Clothing	0	18
	43	140
Electrical Equipment	1	0
Total	44	140
Total	184	

There were no cases of firms in the district defaulting in sending lists of outworkers to the Council.

17. PETROLEUM

The Council is the authority for the licensing and control of Petroleum Stores under the provisions of the Petroleum (Consolidation) Act, 1928.

Petroleum spirit is stored in underground tanks at the 28 garages and petrol filling stations in the district, in addition to the 27 private installations.

Petroleum mixtures which form the base of adhesives used in boot and shoe manufacture, and in cellulose spraying paint for motor vehicle repairs etc., are stored in approved stores above ground. It is essentail that such storage places be of approved construction and suitably sited to minimise the risk of fire or explosion, and I wish to acknowledge the advice and co-operation given by the Chief Officer of the County Fire Service through his Fire Protection Officer in this connection.

During the year 4 underground tanks were pressure tested and 2 new installations approved.

Number of Petroleum Licences issued 1953	64
Total fees collected in respect of same	£47. 10s. 0d.

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